

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

165

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth Gila County Miami No..... St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

DATE OF BIRTH* October 25 1929

FATHER
FULL NAME Jesus Gutierrez

MOTHER
FULL MAIDEN NAME Maria Montes

I HEREBY CERTIFY that the child described herein
has been named

RAFAEL GUTIERREZ

(Give name in full) (Surname)

Maria Montes

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

979-1025-442